Disclosure Report Cover

Amendment

Use this form for general report and committee information, must be signed and spenitted along with other detailed forms.

Do not use this form to update information.

1. Committee In	formation						V			
a. Full Name									c. ID Nu	mber
CITIZENS TO	ELECT CHIP	HUGHES							CRA-2	2CD2NC-C-001
b. Mailing Addre	ss (include Cit	ty, State and Zip	Code))		5 PK = 1			d. Date I	Filed
1037 COLLETO TRENT WOOD		2							1	0/24/2014
1101.1	, , , , , , , , , , , , , , , , , , ,	,					17.0	- /	e. Phone	Number
2. Report Year	3. Period Star	t Date (mm/dd/y	/y)	4. Period	End Da	te (mm/dd/		5. Treasur		
2014	07	7/01/2014			10/18/2	2014		DANIEL I	E MURP	НҮ
6. Type of Comm				pe of Report	t (c)			type of repo		one category)
Candidate Cam		•	Munic		Sign of	State/Cou			Referen	
Joint Fundraise	_			Organizatio		Organi		nal	_	nizational
Referendum		gal Expense Fund	4 ==	Thirty-five		Quarte	•	1		referendum
7. Type of Fund		le, check one)		Pre-primary			irst		Final	*
Booster Fund		,	ll l	Pre-election	a į		econd	ļ		lemental Final
Building Fund	V-ar Con	The Property of		Pre-runoff			hird	ļ	Annu	
	lection Year Can			Semi-annual Mid Ye	_		ourth	.	☐ Speci	al
NC Public Cam	npaign Financing	g Fund	片	Mid Ye Year Ei		Semi-a	annual Iid Yea		40 C-04	- Name
Other:			le l		na		1id Yea 'ear En		10. Spec	cial Report Name
	· this		ll l	Final Special		Final	еаг Еп	ıa		
8. Number of Fu		Report		Special				ļ		
	1					☐ Special	d			
3. Account Infor	AND DESCRIPTION OF THE PARTY OF					ount Infor				
a. Financial Institution Full Name					a. Fina	ncial Insti	itutio	n Full Nam	e	
BB&T					PIRY	X INC.				
b. Purpose		c. Account Code	e		b. Purp	pose			c. Accoun	nt Code
CONTRIBUTIO EXPENDITURE			1		ONLI	NE TRAN	ISAC	TIONS		2
		d. Period Begin	Balan	ice	1				d. Period	l Begin Balance
*		\$ 598	3. 19	ક					\$	0.00
CERTIFICATIO	N					. 7%				
I certify that th Chapter 163 of	ne Committee of f the NC Gener	or Fund is in corral Statutes and this report is cor	that no	o funds are	commi	ngled with	h proh	hibited or o	ther non	
DAVIEL	/ 11.00H	4		/1	· 5	//		E	1	0/24/2014
	rinted Name of Si	Soner		Sign	ature of	Appointed	Treas	curer		Date
FOR OFFICE US		Igner		Gig.	aiuic	Арринге	11000	,ui ci	**	Date
Date Receive	In	12414		Employ	yee:	ehl	/		ivery Me Normal I	
Date Postman	rked:			Employ	yee:			- 🗟	Register Hand De	ed Mail elivered
Date Scanned	d:			Employ	yee: _	, a		-		ically Filed
Date Data En	itered:			Employ	yee:				EX.	as not received ory training
	assistar	annot be used t nt treasurer, cus d the Statement	stodian	n of books ii	nformat	tion, or acc	count	t informatio	on.	
.13	ou must amen	a the Statement	, 01 OIE	ganization (CKU-21	100A-E) 10) Hak	е соншине	e change	·S

	D	isc	losure	Rep	ort Co	over A	ddendum
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Amendment

Yes X No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name	(and Fund if applicable)	Charge and a second	2. ID Number
CITIZENS TO ELECT	CHIP HUGHES	1	CRA-2CD2NC-C-001
3. Account Information		3. Account Information	ī
a. Financial Institution F	ull Name	a. Financial Institution	Full Name
ANEDOT			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
ONLINE TRANSACTIONS	3		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$
22M of Chapter 163 of	_	hat no funds are commir	isions of Article 22A, 22B & 22D agled with prohibited or other correct and that I have been 10/24/2014
Printed Name	of Signer Sign	ature of Appointed Treasure	THE PROPERTY OF THE PROPERTY O
			tion such as the committee name
riease Mote. This co		information.	tion such as the committee half
You must amer	or account ad the Statement of Organization		ke committee changes.
CPO 1010		ard of Flections	December 200

Amendment ☐ Yes X No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information 2. Type of Report 1. Committee Full Name (and Fund if applicable)

1. Committee Full Name (and Fund if applicable)	2. Type of Re	port		5. W F	umber	
CITIZENS TO ELECT CHIP HUGHES	2014 Third C)uarter		CRA-2CD2NC-C-00		
Start of Election Cycle: January 1, 2013			Total this orting Period	i	Total this Election Cycle	
4) Cash on Hand at Start		\$	5,983.1	8 \$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.0	0 \$	1,593.51	
6) Contributions from Individuals	(CRO-1210)	\$	23,595.0	0 \$	90,878.27	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.0	0 \$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.0	0 \$	0.00	
9) Loan Proceeds	(CRO-1410)	\$	0.0	0 \$	0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.0	0 \$	0.00	
11) Other Receipt Sources			表数数		的 标准编数	
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.0	0 \$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.0	0 \$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	1,035.0	0 \$	1,035.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.0	0 \$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.0	0 \$	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11	c,11d and 11e)	\$	24,630.0	0 \$	93,506.78	
EXPENDITURES						
13) Disbursements					第 5日	
13a) Operating Expenditures	(CRO-1310)	\$	26,693.3	9 \$	83,358.95	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.0	0 \$	1,000.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.0	0 \$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	62.8	5 \$	296.31	
15) Loan Repayments	(CRO-1420)	\$	0.0	0 \$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.0	0 \$	1,136.31	
17) In-Kind Contributions	(CRO-1510)	\$	0.0	-	3,858.27	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	26,756.2	4 \$	89,649.84	
19) Cash on Hand at End (Add lines 4 and 12 together, then s	ubtract line 18)	\$	3,856.9	_	3,856.94	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.0	0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	0.0	0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.0	0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.0	0		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.0	0		
25) Administrative Support	(CRO-1710)	\$	0.0	0 \$	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.0	0 \$	0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.0	0 \$	0.00	
28) Contributions to be Refunded	(CRO-1215)	\$	0.0	0 \$	0.00	

		om Individual			1 of 31	-	Amendme Yes	No No
		(and Fund if applicab		ontributions ur	idei \$30 ii ioiiii CRO		ID Number	
	ENS TO ELECT					_	RA-2CD21	
3. Cont	ributor Informati	on		Add □ Re	move	- 14 No.		464-381-44
	Name, Mailing Ad			b. Job Title/Pr		d. (Comments	
(inclu	ide city, state, & z	ip)		FINANCIAL	ADVISOR			
	Y AIKEN NE ROAD			c. Employer's	Name/Specific Field			
NEW I	BERN, NC 2856	0		WELLS FAR	RGO		Dection Sur	
						\$	dection Sur	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			09/19/2014		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🔲 Re	move			
1 10 10 10 10	lame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
	de city, state, & z	ip)		SPECIAL DE	EPUTY			
	JOE ALBANESE 3709 WEDGEWOOD DR			c. Employer's	Name/Specific Field	1		
NEW I	BERN, NC 28562	2			OUNTY SHERIFFS			
				OFFICE		e. 1	Dection Sun	n to Date
						\$		25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			09/19/2014		\$	25.00
							\$	
				·			\$	
	ributor Informati							
	lame, Mailing Add			b. Job Title/Pr		d. (Comments	
	de city, state, & z			ATTORNEY				
	LPH A ASHTON OODS CREEK I			c. Employer's	Name/Specific Field			
	BERN, NC 28562			MCCOTTER	R ASHTON PA	L		
						e. l	Dection Sur	n to Date
				α		\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/01/2014		\$	50.00
							\$	
							\$	

4. Total only this Page

23,595.00

175.00

\$

\$

Amendment **Contributions from Individuals** 31 No No ☐ Yes Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CITIZENS TO ELECT CHIP HUGHES CRA-2CD2NC-C-001 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED LINDA AZERSKY c. Employer's Name/Specific Field 908 SALT CAY CT NEW BERN, NC 28560 Homemaker e. Election Sum to Date \$ 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Cash 1 10/14/2014 \$ 30.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED RALPH AZERSKY c. Employer's Name/Specific Field 908 SALT CAY CT NEW BERN, NC 28560 Police Officer e. Election Sum to Date 30.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Cash 10/14/2014 \$ 30.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHYSICIAN GRAHAM BARDEN III c. Employer's Name/Specific Field 1018 COLLETON WAY TRENT WOODS, NC 28562 **COASTAL CHILDRENS** e. Election Sum to Date **CLINIC** 100.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check 09/17/2014 \$ 100.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

23,595.00

160.00

\$

\$

\$

\$

Contributions from Individuals Pg 3 of 31 Amendment Yes No

		(and Fund if applicabl	le)			2. ID N		
CITIZI	ENS TO ELECT	CHIP HUGHES				CRA-	2CD2N	C-C-001
	ributor Informati			Add □ Rei	move			
	Name, Mailing Add			b. Job Title/Pro	ofession	d. Com	ments	
	ude city, state, & z GE BARRETT	1 p)		CONTRA	ICTOR			
	ROCK CREEK I	RD.		c. Employer's I	Name/Specific Field			
NEW F	BERN, NC 28562	2		Calf	employed	e. Election Sum to Date		
				7611	Crupi- 70			
		·			·	\$		250.00
f. Prior		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. A	Amount	
	1	Спеск			09/19/2014	\$		250.00
						\$		
						\$		
	ributor Informati				move			
1.00	i. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Pro	d. Com	ments		
	Y BROADWAY			LOGGER				
	T DELIGHT CH			c. Employer's I	Name/Specific Field			
	NEW BERN, NC 28560			CONTRACT				
				EMPLOYED)	e. Hect	ion Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. A	Amount	
	1	Check			09/11/2014	\$		250.00
					×	\$		
				٠		\$		
3. Contr	ributor Informatio	on		Add Rei	move			
	Name, Mailing Add			b. Job Title/Pro	d. Comments			
	ide city, state, & zi			PHARMACIS	ST			
	OTHY N BUREL IORELINE DRIV			c. Employer's I	Name/Specific Field			
	BERN, NC 28562			PFIZER			~ ~ ~	
						e. Hect	ion Sum	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. /	Amount	
	3	Credit Card		,	09/13/2014	\$		100.00
				12		\$		
						\$		
4. Tota	al only this Pa	ge				\$		600.00
5. Tota	al of ALL CRO	O-1210 Pages				\$	2	3,595.00
(This I	ine must be on line	6 of Detailed Summary F	Page CRO-1100)			٩	۷.	3,393.00

				Amendm	ent
Pg	4	of	31	☐ Yes	No No

	mittee Full Name ENS TO ELECT	e (and Fund if applicab CHIP HUGHES	le)			_	ID Number CRA-2CD2NC-C-00		
3 Cont	ributor Informati			Add 🔲 Re	mova **				
	Name, Mailing Ad		_	b. Job Title/Pr		d. (Comments		
	ude city, state, & z			DIRECTOR			51		
	LD CAPSHAW			Elove via	None /Caraiga Field	-			
	EUSE HARBOUI				Name/Specific Field	+			
NEWI	BERN, NC 2856	0		LOCKHEED	MAKIIN	e. J	Dection Sum to Date		
						\$	150.0		
C Dejor	Language Code	In animal engagement	le t Vind Do		In a dd/man				
	g. Account Code	h. Form of Payment Credit Card	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	3	Citali Cara			09/18/2014		\$ 150.0		
							\$		
		6	,				\$		
3. Cont	ributor Informati	ion		Add 🔲 Rei	move		The second second		
	a. Full Name, Mailing Address & Phone			b. Job Title/Profession			Comments		
(include city, state, & zip)			OWNER						
	Y COSNER								
	405 EDGEHILL ROAD TRENT WOODS, NC 28562				Name/Specific Field	4			
TREN	TRENT WOODS, NC 28562			EAST CARC		e. I	Election Sum to Date		
			AUTOMOTI	.VE					
	•	•	•		•	\$	1,000.0		
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			08/15/2014		\$ 1,000.0		
					1	_	\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲 Rei	move				
	Name, Mailing Add			b. Job Title/Profession			d. Comments		
	ide city, state, & z			AUTO REPA	IR				
	ARD CRAWFOR			- Employaris	Name/Specific Field				
and a second second second second	MAUL SWAMP R				1130 2010 14 2 111 12 12 13 13 14 15	1			
VAINC	EBORO, NC 285	380		AUTOMOTI	RAWFORDS IVE	e.]	Dection Sum to Date		
				AUTOME	. V L	\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount		
	1	Check			09/05/2014		\$ 1,000.0		
							\$		
					n		\$		
4 Tot	l al only this Pa	gë.	44.250			\$	2,150.0		
	al of ALL CR	•			ALCOHOLOGICA CONTRACTOR				
A6908 0700 000 000 000 000 000 000 000 000		6 of Detailed Summary I	Page CRO-1100)			\$	23,595.0		

		om Individual		_	5 of31_	- 1	Amendm Yes	No No
		dividual contribution (and Fund if applicab		imoutions un	ider \$50 if form CRO		ıs not us D Numb e	
	ENS TO ELECT		ac _j					2NC-C-001
3. Con	tributor Informati	on .		Add 🔲 Re	move			100
	Name, Mailing Ad		<u>l</u>	o. Job Title/Pr	ofession	d. C	omment	3
(incl	ude city, state, & z	ip)	I I	REAL ESTA	TE DEVELOPER			
	TER F CRAYTON	N JR	L	· Frankavaula	Name/Specific Field	-		
	AIRWAY DR	20562	- I			-		
IKEN	T WOODS, NC	28302	- '	CRAYION	COMMERCIAL	e. E	lection S	um to Date
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yyyy))	k. Amou	nt
	1	Check			09/11/2014		\$	50.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add Rei	move			
	Name, Mailing Add			o. Job Title/Pr		d. C	omment	
(incl	ıde city, state, & z	ip)	Ī	NSURANCE	ESALES			
GREG	ORY C CROME	R		AND AND PARTY OF THE PARTY OF T	13 A LISTANCOCCOTOLISTINGEND			
	ARGATE DR		c	c. Employer's Name/Specific Field NC FARM BUREAU				
NEW I	BERN, NC 28562	2	[1				laction S	um to Date
							rection 3	
						\$		100.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yyyy))	k. Amou	nt
	1	Check			09/19/2014		\$	100.00
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	ributor Informati			Add 🔲 Rei				
	Name, Mailing Add		b	o. Job Title/Pr	ofession	d. C	comment	S
	ide city, state, & z	ip)	I	NVESTIGA	TOR			
	CUMMINGS			- Employer's	Name/Specific Field			
	JNSET DR R POINT, NC 28	2584	F	SBI	tvanic/Specific Fierd	1		
CEDA	R FOINT, NC 26	3304	1	SDI		e. E	lection S	um to Date
						\$		250.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yyyy)	k. Amou	ńt
	1	Check			09/11/2014		\$	250.00

_				Ψ
				\$
4. Tota	al only this Pa	\$ 400.00		
2003/2009/2004		O-1210 Pages 6 of Detailed Summary P.	age CRO-1100)	\$ 23,595.00

Pg 6 of 31 Amendment Yes No ns under \$50 if form CRO 1205 is not used

Ise this form to report individual	contributions over \$50	or contributions under \$50	if form CRO 1205 is not used

	Committee Full Name (and Fund if applicable) TIZENS TO ELECT CHIP HUGHES							2. ID Number CRA-2CD2NC-C-001	
3. Cont	ributor Informati	on		Add □ Re	move		7.1		
	Name, Mailing Add			b. Job Title/Pr	Variable Control of the Control of t	d. C	Comments		
	ide city, state, & z	ip)		LOBBYIST					
Control Day Control	Γ DACEY RENT SHORES I	ND.		c. Employer's	Name/Specific Field	1			
	Γ WOODS, NC 2				T RELATIONS				
				THE GOV	Tabbilition (5	e. E	Dection Sun	n to Date	
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			10/14/2014		\$	200.00	
		,					\$		
							\$		
	ributor Informati			Add 🗆 Re	move	A (40)			
	Name, Mailing Add			b. Job Title/Pr		d. C	Comments		
	de city, state, & z	ip)		COURT REP	ORTER			*	
	KENNETH L DAUB 406 BAY HILL CT			c. Employer's	Name/Specific Field	1	*		
	NEW BERN, NC 28562			NEW BERN					
				REPORTERS		e. E	dection Sun	n to Date	
						\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			09/19/2014		\$	50.00	
	1	Check			10/16/2014		\$	100.00	
							\$		
**************************************	ributor Informati			Add 🔲 Re	move				
	lame, Mailing Add			b. Job Title/Profession			d. Comments		
	de city, state, & zi	(p)		DOCTOR					
	DICKIE IONCKS COURT	Γ		c. Employer's	Name/Specific Field				
	WOODS, NC 2			SELF		~			
	- 1					e. I	Dection Sun	n to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			09/17/2014		\$	100.00	
							\$		
					¥		\$		
4. Tota	al only this Pa	ge				\$		450.00	
2012/09/2012 10:00:00	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$	3	23,595.00	

Contributions from Individuals Pg 7 of 31 Amendment Yes No

	mittee Full Name ENS TO ELECT	(and Fund if applicabl CHIP HUGHES	e)				D Number RA-2CD2N	C-C-001
	ributor Informati Name, Mailing Ado			Add Res		la C	Comments	
	name, Mailing Add ide city, state, & zi			OWNER	olession	u. C	.Omments	<u> </u>
	LE DICKTEL		ye day and day	OWNER				
	LLAGE GREEN	DR		c. Employer's l	Name/Specific Field	1		
TRENT	T WOODS, NC 2	28562		CULLIGAN	WATER	_ T	Dection Sum	t- Data
							Tection Sum	
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/27/2014		\$	200.00
							\$	
							\$	
	ributor Informati							
sales and the sales	Name, Mailing Add			b. Job Title/Pro		d. C	Comments	
	ide city, state, & zi			POLICE OFF	ICER			
	LD E DOMBRO' ARBY ROAD	WSKY III		c. Employer's I	Name/Specific Field	1		
	F WOODS, NC 2	28562		CITY OF NE				*
					e. E	dection Sum	to Date	
					\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/01/2014		\$	100.00
							\$	
							\$	
3. Contr	ributor Informatio	on		Add Rei	move		- 20	
1 11 11 11 11 11	lame, Mailing Add	and will all things of 15 and a vill thing		b. Job Title/Pro		d. C	Comments	
	de city, state, & zi	(p)		OPERATION	IS LEADER			
	N FINK OOSE CREEK RO			c. Employer's I	Name/Specific Field	1		
	BERN, NC 28562			WEYERHAR	-	1		
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	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	2:	3,595.00

				Amendm	ent
Pg .	8	of	31	☐ Yes	No No

1. Com	mittee Full Name	(and Fund if applicab	le)			2. I	D Number		
CITIZI	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2NC-C-001		
3. Cont	ributor Informati	on		Add Re	move				
STREET, STREET,	Name, Mailing Ado	the first of the f		b. Job Title/Pr	ofession	d. C	Comments		
	ide city, state, & z	ip)		COMPANY I	POLICE				
	OR GARRISH ED FOX ROAD			c. Employer's	Name/Specific Field				
	F WOODS, NC			CAROLINA	EAST HEALTH				
	,			SYSTEM		e. E	Dection Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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	ributor Informati			Add 🔲 Re	move				
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(include city, state, & zip)		CAR DEALE	R						
	GENEREUX			a Employarie	oloyer's Name/Specific Field				
110 ALLEN DRIVE NEW BERN, NC 28562			3 100 1E 100 13 100						
			IOYOTAO	F NEW BERN	e. E	Dection Sum to Date			
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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3 Cont	ributor Informati	en .	<u>'</u>	Add □ Re	move		1.00		
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	de city, state, & z	ip)		PRESIDENT					
	ON E GOLD, JR JKE POINTE RO	OAD		c. Employer's	Name/Specific Field				
	BERN, NC 2856			AMITAL	8	L			
						e. I	Dection Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			09/11/2014		\$ 50.00		
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		6 of Detailed Summary	Page CRO-1100)			\$	23,595.00		

Pg 9 of 31 Amendment Yes No

Use this form to report individual contributions over \$50 or co	ntributions under \$50 if form	CRO 1205 is not used
1. Committee Full Name (and Fund if applicable)	CAN LED TO THE CONTROL OF STATE	2. ID Number

1. Com	ımittee Full Name	(and Fund if applicab	le)	A-4394.33	200 Birth 1200 B			er
CITIZ	ENS TO ELECT	CHIP HUGHES				C	RA-2CD	2NC-C-001
3. Con	tributor Informati	ion		Add 🔲 Re	move			
	Name, Mailing Ad			b. Job Title/Pr		d. C	Commen	ts
(incl	ude city, state, & z	ip)		1	i			
DALE	GOLDMAN			Teacher				
A	TILLWOOD CT			c. Employer's Name/Specific Field		4		
NEW :	BERN, NC 2856	0		1	. A MC	e F	lection S	Sum to Date
				LYANG	en Co., NC			
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amou	int
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(incl	ude city, state, & z	ip)		DOCTOR				
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NEW .	BERN, NC 2856	2		CCHC		e. I	lection S	Sum to Date
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and the second second	ude city, state, & z			ORTHODON	ITIST	1	a conversión	
	ARD GORMAN							
	ILSON POINT R	OAD		c. Employer's	Name/Specific Field			
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						e. I	dection S	Sum to Date
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	al of ALL CR	O-1210 Pages 6 of Detailed Summary l	Page CRO-1100)			\$		23,595.00

				Amendme	ent
Pg	_10	of	31	☐ Yes	No No

	IS TO ELECT	CHID HITCHEC					
200200000		CHIP HUGHES				C.	RA-2CD2NC-C-001
3. Contrib	butor Informati	on		Add 🔲 Rei	move		15.020
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	e city, state, & zi	(p)		PHYSICIAN			
O. DREW	V GRICE GINIA LANE			c. Employer's l	Name/Specific Field	1	
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						\$	50.00
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	outor Informatio			Add 🔲 Rei	move		
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	ne, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments
	city, state, & zi AL HANCHET			DP			
	OFORD AVE	ILE		c. Employer's	Name/Specific Field		
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						e. E	dection Sum to Date
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	only this Pag					\$	800.00
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				Amendment		
Pg	_11_	of	31	☐ Yes	No No	

	mittee Full Name ENS TO ELECT	(and Fund if applicabl CHIP HUGHES	e)		Extrapolicies in the second	_	D Number RA-2CD2NC-C-001	
3. Cont	ributor Informati	on		Add 🔲 I	Remove			
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	ide city, state, & z			RESTAURANT OWNER				
	ON S HOWARD D CAUSEWAY			c. Employer	's Name/Specific Field	1		
	NTIC BEACH, N			AMOS MO	SQUITOS			
				RESTAUR	ANT	e. I	Dection Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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							\$	
							\$	
	ributor Informati				Remove	T	人工	
	a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/	Profession	d. C	Comments	
	ERLY HUDDLE	••		OWNER				
	ENT SHORES D)R		c. Employer	's Name/Specific Field			
NEW BERN, NC 28562				TRADER (CONSTRUCTION	0. 1	Dection Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	ame, Mailing Add de city, state, & zi			b. Job Title/		d. C	Comments	
	GE T HUFFMAN		A BOOMER TO BE SEEN TO	CONTRAC	TOR			
	YDES CORNER			c. Employer	's Name/Specific Field			
TRENT	WOODS, NC 2	28562		SELF			Dection Sum to Date	
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						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
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	al only this Pa					\$	850.00	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)			\$	23,595.00	

Pg 12 of 31 Amendment Yes No

Use this form to report individual contributions over \$50 or	contributions under \$50 if form	CRO 1205 is not used
and the report marriadal continuations ever use of		
Committee Tall Name (and Tambié and Park		2 TD N

1. Com	ımittee Full Name	(and Fund if applicab	le)			2.1	D Number	
CITIZ	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2N	IC-C-001
3. Cont	tributor Informati	ion		Add 🗆 Re	move			
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(incl	ude city, state, & z	ip)		ATTORNEY				
1,000	ELENA S JENN	INGS		P	N	-		
	OX 12511	•		c. Employer's Name/Specific Field		1		
NEW.	BERN, NC 2856	1		JENNINGS I	LAW FIRM	e. F	lection Sum	to Date
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-	ude city, state, & z	ip)		OWNER				
	C C JESSUP			c. Employer's	Name/Specific Field	1		
	PO BOX 12890 NEW BERN, NC 28561				UP INSURANCE	1		
1,2,7				MILITO JESS	of modifice	e. F	lection Sum	to Date
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f P-i	la 400	Ib Four CD	1: T. 12: 1 D	<u> </u>	li Data (to Augusta	200.00
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 Approximately 	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & z	1p)		OWNER				
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	BERN, NC 2856			JE JONES LI		1		
		_				e. I	lection Sum	to Date
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	1	Check			09/11/2014		\$	300.00
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		n		45			\$	
4. Tot	al only this Pa	ge	10.16.15			\$		850.00
5. Tot	al of ALL CR	O-1210 Pages				\$	2	23,595.00
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Jse this	form to report	individual contributions	over \$50 or contributions	s under \$50 if form CRO 1205 is not us	sed
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1. Com						2. ID Number		
CITIZI	ENS TO ELECT	CHIP HUGHES				С	CRA-2CD2NC-C-001	
	ributor Informati							
	Name, Mailing Ado			b. Job Title/Pro	ofession	d. (Comments	
	ude city, state, & z			ATTORNEY				
	GLENBURNIE			c. Employer's	Name/Specific Field			
#3				THOMAS K	ELLIS LAW FIRM		Election Sum to Date	
NEW	BERN, NC 28562	2				• • • • • • • • • • • • • • • • • • • •		
						\$	1,800.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	ributor Informatio				move		新华。农新新兴	
	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
	ide city, state, & zi	(p)		MANAGER				
CAROLE KEMP PO BOX 12425				c. Employer's Name/Specific Field				
	BERN, NC 28561	1			EHOUSE LLC	L		
						e. E	Election Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	(k. Amount	
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ANN K	ide city, state, & zi	(p)		ATTORNEY				
	ARBY ROCK CREEK R	ROAD		c. Employer's]	Name/Specific Field			
	BERN, NC 28562		· ·	STATE OF N	1C	L		
		×				e. E	Election Sum to Date	
						\$	100.00	
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	al of ALL CRO					·	22 505 00	
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				Amendme	ent
Pg	14	of	31	☐ Yes	No No

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
CITIZI	ENS TO ELECT (C	RA-2CD21	NC-C-001			
3. Cont	ributor Informati	on		Add Ren	move			
a. Full l	Name, Mailing Ado	dress & Phone		b. Job Title/Pro	ofession	d. C	Comments	
	ide city, state, & z	ip)		SPECIAL AGENT				
Constitution and the second	AWKS POND RO)AD		c. Employer's Name/Specific Field				
	BERN, NC 28562			NC SBI				
	5					e. E	lection Sur	n to Date
						\$		350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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3. Cont	ributor Informatio	on		Add Ren	nove	140 140		
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(inclu	de city, state, & zi	ip)		TEACHER (R	RETIRED)			
MICHI	ELE C KROEGEI	R						
	RENT WOODS				Name/Specific Field			
NEW I	BERN, NC 28562	2		CRAVEN CO	DUNTY	o F	lection Sur	n to Date
						С. 1	acction Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	al .						\$	
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	de city, state, & zi EN E LACY	ip)		ATTORNEY				
PO BO				c. Employer's I	Name/Specific Field	1		
	ORO, NC 28515	-0156		SELF				
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						\$		500.00
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(2715)	masi ve vn une	o of Desauca Summary P	"60 CHO-1100)		1997-02			

Contributions from Individuals Pg 15 of 31 Amendment Yes No

1. Com	mittee Full Name	. Committee Full Name (and Fund if applicable)							
	ENS TO ELECT		C.	RA-2CD2NC	C-C-001				
3. Cont	ributor Informati	on		Add 🔲 Ren	and the same and the second section of the second section sect				
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Pro	ofession	d. C	Comments		
(inclu	ıde city, state, & z	ip)		SCHOOLTEA	ACHER				
MART	HA LEONI			(RETIRED)					
	RAM ROAD			c. Employer's Name/Specific Field					
	BERN, NC 28562	2		CRAVEN CO	OUNTY SCHOOLS	L			
						e. F	Dection Sum t	to Date	
						\$		50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			09/12/2014		\$	50.00	
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3. Cont	ributor Informatio	on		Add □ Rer	move				
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(inclu	ıde city, state, & zi	ip)		M					
MICH/	AEL J LEWELLY	ľΝ		Mari	ne				
210 NY	YON CT			c. Employer's Name/Specific Field					
NEW F	BERN, NC 28562	2		, ,					
				Usma	ン	e. F	Dection Sum t	to Date	
						\$		50.00	
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(inclu	de city, state, & zi	ip)							
THOM	AS JAY LIVING	STON]			
4511 T	ENELLA RD			c. Employer's I	Name/Specific Field]			
TRENT	r woods, nc 2	28562				_			
		*				e. I	Dection Sum t	to Date	
					•	\$	•	50.00	
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	al of ALL CRO	—				\$	21	3,595.00	
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Pg 16 of 31 Amendment Yes No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.]	ID Number
	ENS TO ELECT					C	RA-2CD2NC-C-001
3. Cont	ributor Informati	on		Add 🗆 Re	move		2.12.13
a. Full l	Name, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. (Comments
	ide city, state, & z	ip)		CORRECTIO	NAL SARGENT		
	MASON TREETS FERRY	ZDOAD		c. Employer's	Name/Specific Field	l	
	EBORO, NC 28:			DPS		1	
''	220110,110 20	200				e. F	Dection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Cash			09/19/2014		\$ 50.00
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(inclu	ide city, state, & z	ip)		NURSE MAN	NAGER		
Colonia and Colonia and	MASON				v .c .c .c	ł	
	TREETS FERRY				Name/Specific Field	ł	
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	lame, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments
	de city, state, & z	-		REAL ESTA	ТЕ		
	RT L MATTOCK RENT WOODS 1			c. Employer's	Name/Specific Field	1	
	WOODS, NC 2			JGRO INC.		L	
						e. F	Election Sum to Date
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/11/2014		\$ 250.00
							\$
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4. Tota	al only this Pa	ge				\$	350.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CPO_1100\			\$	23,595.00
(211131	musi ve vn nne	o of Delanca Summary I	4ge CNO-1100)			1	

Pg 17 of 31 Amendment ☐ Yes 🖾 No

Use this form to report individual contributions over	\$50 or contributions under \$50 if form CRO 1205 is not used
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1. Com	mittee Full Name		2. П	D Number				
CITIZE	ENS TO ELECT	CF	RA-2CD2N	C-C-001				
3. Cont	ributor Informati	on		Add 🗆 Rei	nove			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pro	ofession	d. C	omments	
	de city, state, & z MCCLELLAN	ip)		ATTORNEY (RETIRED)				
	AVEN ST			c. Employer's Name/Specific Field				
	BERN, NC 2856	0		HARTFORD	INSURANCE CO.			
	,					e. E	ection Sum	to Date
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/14/2014		\$	50.00
							\$	
							\$	
	ributor Informati			Add 🗆 Rei				
	lame, Mailing Ado			b. Job Title/Pro	ofession	d. C	omments	
(include city, state, & zip)				MANAGER				
LEE MCCONNELL				F 1	V (C C . T 13			
	OLLETON WAY			c. Employer's Name/Specific Field LOWE'S HOME				
TRENT	r woods, nc 2	28562				e. E	lection Sum	to Date
				IMPROVEMENT WAREHOUSE				
				WAREHOUS	, L	\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	3	Credit Card			09/26/2014		\$	100.00
							\$	
							\$	
3. Conti	ibutor Informati	on		Add 🔲 Rei	move			
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & z MCFADYEN	ip)		PROJECT M.	ANAGER			
	THE TEN			c. Employer's	Name/Specific Field			
NC 3511	Barons	Nay		QUINTILES				
Treu	+ woods, N					e. E	lection Sum	to Date
	,					\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/05/2014		\$	250.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		400.00
5. Tota	al of ALL CR	O-1210 Pages		e e e e e e e e e e e e e e e e e e e	nga atau ng garaga ang garagan ang gar	\$	2	23,595.00
(This l	ine must be on line	6 of Detailed Summary 1	age CRO-1100)					180

Pg 18 of 31 Amendment Yes No

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. I	D Number	100
CITIZI	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2NC-C-0	01
	ributor Informati	And the second s		Add 🔲 Re	move		像 (4位位) 19	
112 10 10 10 10 10 10 10	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & zi			ATTORNEY				
	VID MCFADYEN ADAME MOORI			c. Employer's	Name/Specific Field			
	BERN, NC 28562				N & VALENTINE	L		
						e. E	dection Sum to Dat	e .
						\$	\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/26/2014		\$ 500.	.00
							\$	
							\$	
	ributor Informatio			Add 🔲 Re	move			
100000	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & zi	ip)		REAL ESTA	TE AGENT			
MARY MCLEOD 238 C MIDDLE STREET				c. Employer's Name/Specific Field				
NEW BERN, NC 28560			KELLER WI		<u>_</u>			
						e. F	Dection Sum to Dat	e
						\$	1,000.	.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/18/2014		\$ 1,000.	.00
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	ributor Informatio			Add 🔲 Re	A CONTRACTOR OF THE PROPERTY O			
T \$10 -000 accord	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
	ide city, state, & zi LES T MCMULL		A CONTRACTOR	USMC (RET	IRED)			
000000000000000000000000000000000000000	ANDS END ROA			c. Employer's	Name/Specific Field			
	LOCK, NC 2853			USMC		<u> </u>	7 6 P	
							Dection Sum to Dat	
						\$	100.	.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	3	Credit Card			10/16/2014		\$ 100.	.00
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				22			\$	
4. Tot	al only this Pa	ge				\$	1,600.	.00
1000 Varioting (m) *1	al of ALL CRO			Charles Co.		\$	23,595.	00
(This I	ine must be on line	6 of Detailed Summary 1	Page CRO-1100)			1 *	25,575.	.00

Pg 19 of 31 Amendment Yes No

1. Com	mittee Full Name		2. ID Number				
CITIZI	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2NC-C-001
3. Cont	ributor Informati	o n		Add 🗆 Re	move		
a. Full N	Name, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
	ide city, state, & z			HOUSEWIFE			
	CIA A MINSCH V FAIRWAY DR			c. Employer's Name/Specific Field			
	T WOODS, NC 2						
	, , , , , , , , , , , , , , , , , , , ,					e. E	lection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/11/2014		\$ 50.00
							\$
							\$
3. Cont	ributor Informati	on		Add Re	move		TO MORNEY
a. Full N	Name, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	(include city, state, & zip)			RETIRED CE	EO		
WG CHAMPION MITCHELL				c. Employer's Name/Specific Field			
3009 RIVER LANE							
NEW	BERN, NC 28562	2		NETWORKS SOLUTIONS		e. E	lection Sum to Date
						_	500.00
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/17/2014		\$ 500.00
							\$
							\$
3. Cont	ributor Informati	on		Add 🗌 Re	move		
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
-	de city, state, & z	ip)		OWNER			
	Г MONTE RYON ROAD			c. Employer's	Name/Specific Field	ĺ	
00000 000 000 000	BERN, NC 28562	2		MONTE'S P	RINTING	L	
	,					e. I	Dection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/11/2014		\$ 50.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	600.00
5. Tot	al of ALL CR	O-1210 Pages	Dama CDO 1140			\$	23,595.00
(This	une must be on line	6 of Detailed Summary I	age CKU-1100)	ight.			***

Pg 20 of 31 Amendment Yes No

1. Com	mittee Full Name		2. I	D Number			
CITIZI	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2NC-C-001
3. Cont	ributor Informati	on		Add Re	move	5 .73	
1000	Name, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments
	ide city, state, & z ETH E MORRIS	ip)		INSURANCE	ESALES		
	ACHT CLUB RO	ΔD		c. Employer's Name/Specific Field			
	BERN, NC 2856			SELF			
	, ,					e. E	lection Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/19/2014		\$ 500.00
							\$
							\$
3. Conti	ributor Informati	on		Add 🗆 Re	move		
	lame, Mailing Add			b. Job Title/Pr		d. C	Comments
(inclu	de city, state, & z	ip)		JIMMIE L M	ORRIS AND		
TERRY MORRIS				SONS, INC			
415 STREETS FERRY ROAD				c. Employer's Name/Specific Field			
VANC	EBORO, NC 28:	586		OWNER			lection Sum to Date
						e. E	rection Sum to Date
						\$	750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/17/2014		\$ 250.00
	1	Check			10/14/2014		\$ 500.00
							\$
3. Conti	ibutor Informati	0 n		Add 🗆 Re	move		
	ame, Mailing Ado	and the second of the second o		b. Job Title/Pr	ofession	d. C	Comments
	de city, state, & z			ATTORNEY			
	CORWIN MUL SHER DR	LINEX		c. Employer's	Name/Specific Field		
	FORT, NC 2851	6		SELF			
						e. I	dection Sum to Date
						\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	0.00	k. Amount
	1	Check			10/01/2014		\$ 200.00
							\$
						*	\$
4. Tota	al only this Pa	ge				\$	1,450.00
5. Tota	ol of ALL CR	O-1210 Pages	in a day mana a a da a an an an an an an a	narananya, manana ing 1887 sa sa	Terres a construction of the construction of t	\$	23,595.00
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Cont	wihutians fu	om Individuals			21 . 31		idment
		om Individuals dividual contributions	=0		$\frac{21}{\text{of}}$ of $\frac{31}{\text{CRO}}$		
		(and Fund if applicab				2. ID Nur	
	ENS TO ELECT					CRA-20	CD2NC-C-001
	ributor Informati Name, Mailing Ado		tito estado e	Add Re		d. Commo	
4.14.0	ide city, state, & z			MARINE	UIC3310II	u. comm	
DONA	LD MURDOCH						
309 DI	EACON CT				Name/Specific Field		
HAVE	LOCK, NC			USMC (RET	TRED)	e. Election	n Sum to Date
						\$	
			T	<u></u>			100.00
f. Prior		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)) k. Am	ount
	1	Check			10/10/2014	\$	50.00
	1	Check			10/14/2014	\$	50.00
	,					\$	
Appendix App	ributor Informati	Control of the Contro		Add 🗆 Re	move		
100 100 1	lame, Mailing Ado			b. Job Title/Pr	ofession	d. Comm	ents
	de city, state, & z	ip)		RECEPTION	IIST		
	EY MURPHY RENVILLE CT			c. Employer's	Name/Specific Field	1	
	BERN, NC 28562	2		ZANNIS CE			
				PLASTIC SU	JRGERY	e. Election	n Sum to Date
						\$	650.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) k. Am	ount
	1	Check			09/19/2014	\$	650.00
						\$	
						\$	
3. Conti	ributor Informati	on		Add 🔲 Re	move		
	lame, Mailing Add			b. Job Title/Pr	ofession	d. Comm	ents
(inclu	de city, state, & z	ip)		CEO			

a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/P	rofession	d. C	omment	S
(inclu	ide city, state, & z	ip)		CEO				
	IEN W NUCKOI LEN DRIVE	LLS		c. Employer's Name/Specific Field				
NEW I	BERN, NC 2856	2		COASTAL HEALTH C	CAROLINA ARE	e. E	lection S	um to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amou	nt
	1	Check			09/11/2014		\$	100.00
							\$	

4. Total only this Page	\$ 850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 23,595.00

				Amendm	ent
Pg	22_	of	31	☐ Yes	No No

3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT NYBERG 4003 MKL BLVD NEW BERN, NC 28562 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	CD2NC-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT NYBERG 4003 MKL BLVD NEW BERN, NC 28562 c. Employer's Name/Specific Field SELF f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	CD2NC-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT NYBERG 4003 MKL BLVD NEW BERN, NC 28562 c. Employer's Name/Specific Field SELF e. Electio \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	11.14554
ROBERT NYBERG 4003 MKL BLVD NEW BERN, NC 28562 c. Employer's Name/Specific Field SELF e. Electio \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	ents
4003 MKL BLVD NEW BERN, NC 28562 c. Employer's Name/Specific Field SELF e. Electio \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	
NEW BERN, NC 28562 SELF e. Electio f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Am	n Sum to Date
	50.00
	nount
□ 1 Check 10/16/2014 \$	50.00
□ s	
□ s	
3. Contributor Information	TANKSON TO
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comm	ents
(include city, state, & zip) HOMEMAKER	
CHARLENE PASSOT	
165 DUCKS WAY c. Employer's Name/Specific Field	
NEW BERN, NC 28562 SELF	n Sum to Date
e. Electio	on Sum to Date
\$	500.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. An	nount
□ 1 Check 09/08/2014 \$	500.00
□ s	
\$	
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comm	ents
(include city, state, & zip) OWNER	
NINAD PATEL 101 CHARLES ST c. Employer's Name/Specific Field	
HAVELOCK, NC 28532 DRIVE THRU	
e. Eectio	on Sum to Date
\$	500.00
	nount
□ 1 Check 10/01/2014 \$	500.00
□ s	
4. Total only this Page \$	1,050.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	23,595.00

Contributions from Individuals Use this form to report individual contributions

				Amendm	ent
Pg	23	of	31	☐ Yes	No No

	(Sec. 12)	-				22		
Tee t	hic	form to report	individual	contributions	sver \$50 or c	ontributions	under \$50 if form	CRO 1205 is not used
250	11115		. muividuai	commons of	7 10 050 1376	Onthoutions	under 350 ii tolili	CICO 1203 IS HOLUSCU

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. II	D Number
CITIZI	ENS TO ELECT	CHIP HUGHES				CF	RA-2CD2NC-C-001
and the second second	ributor Informati	The state of the s		Add 🗌 Ren	move		
1, 14.1	Name, Mailing Add			b. Job Title/Pro		d. C	omments
	ude city, state, & zi	0743		SELF EMPLO	OYED		
	RAH W PETERS RENT WOODS I			c. Employer's I	Name/Specific Field		
	T WOODS, NC 2			PETERSON	CONSTRUCTION	<u>L</u>	
							lection Sum to Date
						\$	25.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/17/2014		\$ 25.00
							\$
							\$
	ributor Informatio					1, 0	
	Name, Mailing Add ade city, state, & zi			b. Job Title/Pro		d. C	Comments
		(p)		CONSTRUCT	ΓΙΟΝ		
JOHN PETERSON 4711 TRENT WOODS DR TRENT WOODS, NC 28562				c. Employer's I	Name/Specific Field	1	
				PETERSON	CONSTRUCTION	<u></u>	
				-		<u> </u>	lection Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	88.87 7 . 1	k. Amount
	1	Check			09/17/2014		\$ 75.00
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							\$
and the second	ributor Informatio			And the same of th	move		A CHARLEST AND A STATE OF
A 10	Name, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments
	ide city, state, & zi ALL RAMSEY	(p)		OWNER			
	ENSATION WEIG	ЗH		c. Employer's l	Name/Specific Field	1	
	BEAUFORT, NC 28516			JARRETT BAY BOATWORKS			
						lection Sum to Date	
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount
	1	Check			08/30/2014		\$ 500.00
							\$
					a a		\$
4. Tota	al only this Pa	ge				\$	600.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$	23,595.00

Pg 24 of 31 Amendment Yes No

			Authorite section and a constant and	
Use this form to report individual contributions	over \$50 or contributions	under \$50 if form (CRO 1205 is not used	

a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 B. Job Title/Profession c. Employer's Name/Specific Field HEATCON e. Hection Sum to Date	1. Com	mittee Full Name	(and Fund if applicabl	le)			2. I	D Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)							CI	RA-2CD2N	C-C-001
Cinclude city, state, & zip BONNIE J REFINSKI-KNIGHT Code AST FRONT ST NEW BERN, NC 28560 HARRIS CREECH S 100.00					Add 🔲 Re	move			17.35
BONNIE J REFINSKI-KNIGHT 624 EAST FRONT ST NEW BERN, NC 28560 6. Employer's Name/Specific Field HARRIS CREECH 6. Employer's Name/Specific Field HARRIS CREECH 7. 100.00 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 7. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20					b. Job Title/Pr	ofession	d. C	Comments	10 (32)
C. Employer's Name/Specific Field HARRIS CREECH E. Bection Sum to Date S 100.00					ATTORNEY				
HARRIS CREECH E E E E E E E E E			KNIGHT		c. Employer's	Name/Specific Field	1		
e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 3 Credit Card 10/11/2014 \$ 100.00 3 S S	3200000 01 10-0000		0				L		
F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount		25					e. E	lection Sum	to Date
				9			\$		100.00
Contributor Information	f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562 Frior g. Account Code h. Form of Payment Check Check Check 3. Contributor Information Add Remove a. Eection Sum to Date \$ 250.00 A. Amount Check Check		3	Credit Card			10/11/2014		\$	100.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562 ERICHARDSON LAW FIRM C. Employer's Name/Specific Field RICHARDSON LAW FIRM E. Election Sum to Date \$ 250.00 F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/19/2014 \$ 250.00 \$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 E. Enction Sum to Date b. Job Title/Profession d. Comments C. Employer's Name/Specific Field HEATCON E. Election Sum to Date								\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562 Frior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check					12			\$	
(include city, state, & zip) ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562 RICHARDSON LAW FIRM e. Election Sum to Date \$ 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/19/2014 \$ 250.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 ATTORNEY a. Employer's Name/Specific Field HEATCON E. Employer's Name/Specific Field HEATCON					Control of the Contro				
ERNEST C RICHARDSON III 301 ABNER NASH DR NEW BERN, NC 28562 RICHARDSON LAW FIRM							d. C	Comments	
301 ABNER NASH DR NEW BERN, NC 28562 RICHARDSON LAW FIRM					ATTORNEY	45			
NEW BERN, NC 28562 RICHARDSON LAW FIRM e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/19/2014 \$ 250.00 Check 09/19/2014 \$ 250.00 S Contributor Information	301 ABNER NASH DR				c. Employer's	Name/Specific Field			
S 250.00					RICHARDS	ON LAW FIRM	L		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/19/2014 \$ 250.00 S Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 C. Employer's Name/Specific Field HEATCON e. Election Sum to Date						e. E	lection Sum	to Date	
□							\$		250.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 Sales C. Employer's Name/Specific Field HEATCON E. Election Sum to Date	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 SALES c. Employer's Name/Specific Field HEATCON e. Election Sum to Date		1	Check			09/19/2014		\$	250.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 B. Job Title/Profession SALES c. Employer's Name/Specific Field HEATCON e. Election Sum to Date								\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 b. Job Title/Profession SALES c. Employer's Name/Specific Field HEATCON e. Election Sum to Date								\$	
(include city, state, & zip) CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 C. Employer's Name/Specific Field HEATCON e. Election Sum to Date					The Control of the Co	AND THE PROPERTY OF THE PROPER			
CHAD EDWARD ROBSON 203 DEERFIELD DR NEW BERN, NC 28562 C. Employer's Name/Specific Field HEATCON e. Election Sum to Date		the first of the contract of t				ofession	d. C	Comments	
203 DEERFIELD DR NEW BERN, NC 28562 C. Employer's Name/Specific Field HEATCON e. Election Sum to Date					SALES	!			
NEW BERN, NC 28562 HEATCON e. Election Sum to Date			SON		c. Employer's	Name/Specific Field			
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I \$ 50.00	*					e. E	dection Sum		
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□ 1 Check 09/17/2014 \$ 50.00		. 1	Check			09/17/2014		\$	50.00
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4. Total only this Page \$ 400.00						·		Ψ	
5. Total of ALL CRO-1210 Pages \$ 23,595.00		al only this Paş	ge				\$		400.00

Pg 25 of 31 Amendment Yes No

se this form to report in	ndividual contributions ove	r \$50 or contributions under	r \$50 if form CRC	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	e)			2. I	D Number
CITIZENS TO ELECT CHIP HUGHES							RA-2CD2NC-C-001
3. Cont	3. Contributor Information ☐ Add ☐ Remove						
	Name, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments
	(include city, state, & zip)				ARINE		
	HEW SCHWAB OAKVIEW DR			c. Employer's	Name/Specific Field		*
	BERN, NC 28562	2		US MILITA			
''	2030.	_				e. E	lection Sum to Date
						\$	100.00
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3. Cont	ributor Informati	on		Add 🔲 Re	move	9	计设备编
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Pi	ofession	d. C	Comments
(inclu	ide city, state, & z	ip)		Palt	tate Asent		
100000000000000000000000000000000000000	IY M SELLHOR	N			Name/Specific Field		
, i = 1, = 1, = 1, = 1, = 1, = 1, = 1, =	IVER ROAD	507		c. Employer's	Name/Specific Fleru		
VANC	EBORO, NC 28:	086		Self		e. E	lection Sum to Date
				Sell		201	
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	750	k. Amount
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40.00	Name, Mailing Ado			b. Job Title/P	rofession	d. C	Comments
	ide city, state, & z	ip)		REAL ESTA	TE AGENT		
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NEW	BERN, NC 2856	U		KELLER W	ILLIAMS	e. E	Dection Sum to Date
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4. Tot	al only this Pa	ge				\$	450.00
5. Tot	al of ALL CR	O-1210 Pages	ana iyaa			\$	23,595.00
(This	une must be on line	6 of Detailed Summary 1	Page CRO-1100)				

Pg 26 of 31 Amendment Yes No

		(and Fund if applicab	le)			-	ID Number
CITIZI	ENS TO ELECT	CHIP HUGHES				C	CRA-2CD2NC-C-001
3. Cont	ributor Informati	on		Add 🔲 Re	move		
AND THE RESERVE	Name, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments
(inclu	ide city, state, & z	ip)		SCHOOL PR	INCIPAL		
	EY SMITH			(RETIRED)	200000000000000000000000000000000000000		
	INE VALLEY D				Name/Specific Field	-	
NEW I	BERN, NC 2856	2		FLORIDA PI	UBLIC SCHOOLS	<u>_</u>	5 C
						e. F	Dection Sum to Date
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	JEEN ANNES R				Name/Specific Field	1	
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Producting of the Production	lame, Mailing Add			b. Job Title/Pr	A CONTRACTOR OF THE PROPERTY O	d. (Comments
(inclu	de city, state, & z	ip)		OFFICE MAI	NAGER		
CARO	L STUBBS	4					
2403 H	ARBOR ISLANI	D ROAD		c. Employer's	Name/Specific Field]	
NEW E	BERN, NC 28562	2		STUBBS PERDUE PA			
					e. I	Dection Sum to Date	
						\$	1,000.00
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(This l	ine must be on line	6 of Detailed Summary 1	age CRO-1100)				,

Contributions from Individuals Use this form to report individual contributions

				Amendm	ent
Pg	27	of	31	☐ Yes	No No

Ise this form to repor	t individual contributions	over \$50 or contributions	under \$50 if form CRO	1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)	State was	12.22-0		D Number		
CITIZE	ENS TO ELECT (CHIP HUGHES				CF	RA-2CD2N	C-C-001	
3. Cont	ributor Informatio	on		Add 🔲 Ren	move				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pro	ofession	d. C	omments		
	ide city, state, & zi			ATTORNEY					
	TCK STUBBS JR X 1654	•		c. Employer's Name/Specific Field					
VICE AND ADDRESS NAMED	BERN, NC 28563	3		STUBBS & P	PERDUE	L			
						е. Ы	lection Sum	to Date	
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	(include city, state, & zip) PENELOPE SULLIVAN			RETIRED					
30.7	COPE SULLIVAN ROOKED CREEK			c. Employer's I	Name/Specific Field	1			
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				usma	C		lection Sum		
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	D TAYLOR	P) - 1. 1 - p	A Wild office of the State	OWNER					
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4.00	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100			\$	2	23,595.00	

Pg 28 of 31 Amendment Yes No

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
CITIZI	ENS TO ELECT	CHIP HUGHES				C	RA-2CD2NC-C-00)1
3. Cont	ributor Informati	on		Add □ Re	emove			
	Name, Mailing Ado			b. Job Title/Pr	rofession	d. Comments		
	de city, state, & z	ip)		REAL ESTA	TE DEVELOPER			
	Γ TAYLOR TREETS FERRY	ZDOAD		c. Employer's	Name/Specific Field			
	EBORO, NC 28:			RCE PROPI				
VILLE	EBORO, NO 20.	300 0333		INOL I NOT I	SKIIDO	e. E	lection Sum to Date	
						\$	50.0	00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	N 125
	1	Check			09/17/2014		\$ 50.0)0
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				200			\$	
	ributor Informati				*			
1000 1000 1000	a. Full Name, Mailing Address & Phone				rofession	d. C	Comments	135
(include city, state, & zip)				ENGINEER				
	AM W TAYLOR			c. Employer's Name/Specific Field				
and the same and	504 LILLIPUT DR NEW BERN, NC 28562			CIVIL SERVICE				
NEW BERN, NC 20302				CIVIL SER	VICL	e. E	dection Sum to Date	3
						\$	100.0)()
c D		li v	. r. 12: 1 D.		I: p. 4. (
		h. Form of Payment Check	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	e je	k. Amount	1 4,5
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	de city, state, & z	(p)		DEVELOPE	R		*	
The state of the s	ARY TAYLOR OUNTRY CLUE	RROAD		c. Employer's	Name/Specific Field	1		
NAME OF TAXABLE PARTY.	WOODS, NC 2			SELF				
	,					e. I	Dection Sum to Date	3
			·			\$	100.0	00
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Contributions from Individuals Use this form to report individual contributions

				Amendm	ent
Pg	29	of	31	☐ Yes	No No

Jse this form to re	eport individual contr	butions over \$50 or con	tributions under \$50 if fe	orm CRO 1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	e) .			2. ID Numb	er	
CITIZI	ENS TO ELECT	CHIP HUGHES				CRA-2CD2NC-C-001		
3. Cont	ributor Informati	on		Add Ren	move			
	lame, Mailing Ado			b. Job Title/Pro	ofession	d. Comment	S	
	de city, state, & z			HOMEMAKE	ER			
	RYN L TUCKEF IVER DR	C		c. Employer's I	Name/Specific Field			
	BERN, NC 2856	0		HOMEMAK	ER			
						e. Dection S	um to Date	
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	ributor Informati			Samuel Control	move			
	i. Full Name, Mailing Address & Phone (include city, state, & zip)				ofession	d. Comment	S	
	D UNDERHILL	1 p)		UROLOGIST				
	OUNTRY CLUE	3 ROAD		c. Employer's l	Name/Specific Field			
TRENT	TRENT WOODS, NC 28562			CAROLINA	EAST UROLOGY	7		
						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amou	nt	
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	lame, Mailing Add de city, state, & z			b. Job Title/Pro	ofession	d. Comment	S	
	VOGIATZIS	· (P)		OWNER				
	EXIS DR			c. Employer's l	Name/Specific Field			
NEW E	BERN, NC 28562	2		FAMOUS SU	JBS & PIZZA	e. Election S	um to Doto	
						\$	300.00	
	-	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amou		
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	al only this Pa					\$	500.00	
	al of ALL CR					\$	23,595.00	
(This l	ine must be on line	6 of Detailed Summary F	age CRO-1100)	Market Co.		-	25,575.00	

Pg 30 of 31 Amendment Yes No

	mittee Full Name ENS TO ELECT	(and Fund if applicable) CHIP HUGHES	le)				2. ID Number CRA-2CD2NC-C-001	
	ributor Informati Name, Mailing Ado			Add Ren	CONTRACTOR	Па (Comments	3. T. S. C. C.
5 5 5 5 5	Name, Mailing Add			MAYOR	olession	u. C	omments	se , el , e , e
	PERCY WETHE		A STATE OF SERVICE	MATOR				
	WEST ST	MINUTOR		c. Employer's	Name/Specific Field			
РО ВО	X 698			TOWN OF D	OOVER	L		
DOVE	R, NC 28526					e. F	Dection Sum	to Date
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A CONTRACTOR OF THE PARTY OF TH	ributor Informati			Add 🗆 Rei				
A STATE OF THE	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
110-11-1	(include city, state, & zip)			ATTORNEY				
	RT E WHITLEY			c. Employer's Name/Specific Field				
	103 NEUSE LANDING DR NEW BERN, NC 28562					1		
NEWE	NEW BERN, NC 28562			WHITLEY L	AW FIKM	e. I	Dection Sum (to Date
						\$		500.00
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4. 1. 1. 1919	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi			ATTORNEY				
	JA W WILLEY J	R		a Employer's	Name/Specific Field	\cdot		
	AWER 1638	2			Name/Specific Fierd	1		
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	8						\$	
4. Tota	al only this Pa	ge		430		\$		750.00
	al of ALL CRO	•	164					
200000000000000000000000000000000000000		6 of Detailed Summary I	Page CRO-1100)			\$	23	3,595.00

Amendment 31 of 31 ☐ Yes X No

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number CRA-2CD2NC-C-001 CITIZENS TO ELECT CHIP HUGHES ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANUFACTURERS REP JK WILLIAMS c. Employer's Name/Specific Field 3313 HIGHWAY 70 EAST NEW BERN, NC 28560 MARINE ACCESSORY e. Election Sum to Date BUSINESS 250.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Credit Card 09/29/2014 250.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) **ATTORNEY** THOMAS R WILSON c. Employer's Name/Specific Field 1504 TRYON ROAD NEW BERN, NC 28560 GREEN WILSON e. Election Sum to Date \$ 250.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment Check 09/19/2014 \$ 250.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CIVIL SERVICE JOHN WOOD c. Employer's Name/Specific Field 2505 HICKORY ST DEPT. OF DEFENSE NEW BERN, NC 28562 e. Election Sum to Date 60.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description Check 1 09/08/2014 30.00 \$ Check 1 09/08/2014 30.00 \$ \$ 560.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

23,595.00

\$

Other Receipt Sources	Other	Sources	Receipt S
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				Amendn	nent
Pg .	1	of	1	☐ Yes	X No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Fu	ll Name (and Fund if	applicable)		11.1金位置	2, I	D Numbe	r	
CITIZENS TO	ELECT CHIP HUGH	ES			C	RA-2CD2	NC-C-001	
3. Type of Recei	pt Source (Please u.	se separate CRO-1	250 forms for	each type of Rece	ipt.	Source.)	8.00	
Interest	☐ Contri	outions from Not-for-	-Profit Organizati	ions X Outside So	urces	of Income		
4. Contributor I	nformation		Add Re	move	ćķ.			
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)		b. Not-for-Pro	fit Federal ID#	d. C	Comments		
	SSOC. OF UNIVERS	ITY WOMEN	c. Outside Source Explanation			-		
,					e. E	lection Su	m to Date	
					\$		35.00	
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/yy	уу)	j. Amoun		
1	Check			10/01/2014		\$	35.00	
						\$		
4. Contributor I	nformation		Add □ Re	move				
a. Full Name, Ma	iling Address & Phone		b. Not-for-Pro	fit Federal ID #	d. C	Comments		
(include city, s	NTY REPUBLICAN	MENIS CLUID	1					
1416 CARACA	RA DRIVE	WENS CLOB	c. Outside Source Explanation					
NEW BERN, N	C 28560				e. Dection Sum to Date			
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CRO-1250

NC State Board of Elections

December 2007

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	S	h	11	rs	e	m	6	n	ts

				Amendment				
Pg	_1_	of	8		Yes	X	No	

	dl Name (and Fun ELECT CHIP HU							2. ID Nur CRA-	mber 2CD2NC-C-001
3. Type of Disbu	rsement (Pleas	se use separate C	CRO-1310 fo	rms for eac	h tyj	e of Disbu	rseme	nt. <u>)</u>	
Operating Exp		ntributions to Cand	lidates/Politica	l Committees	3	☐ Coo	rdinate	ed Party E	xpenditures
4. Payee Informa	ation	Jack Conserve	□ A	dd 🔲	Re	move		200	
	iling Address & l	Phone	b	. Coordinate	d Co	ommittee Na	me :	d. Comm	ents
(include city, sta									
BEAR TOWNE			c	Level Regis	tere	d (Specify)			
NEW BERN, N	MOORES LANE	2	الله الله	Federal		County:	-		
NEW BERRY, IV	C 20302			State		☐ Municip	ality:	e. Eectio	n Sum to Date
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					\$		FUN	DRAISE	R
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	iling Address & l	Phone	Z	. Coordinate	250,000,000	CONTRACTOR OF THE PROPERTY OF	ıme	d. Comm	ents
(include city, star		1 1414							
CAMPAIGN GI		en kongres an antima se te canalis a antima e di libra a resenti di							
PO BOX 2057			c.	Level Regis	tere				
BEAUFORT, N	C 28516		I-	Federal State		☐ County: ☐ Municip		a Floatio	n Sum to Date
			Ľ	State		Municip	anty:	е. неспо	n Sum to Date
								\$	12,956.00
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1	Check	О	07/1	14/2014	\$	3,709.00	ELE	CTION C	CONSULTING
1	Check	О	08/2	20/2014	\$	1,747.00	CON	SULTIN	G
4. Payee Informa	ation	930778	□ A	√dd □	Re	move			
a. Full Name, Ma	iling Address & l	Phone	b	. Coordinate	d C	ommittee Na	ame	d. Comm	ents
(include city, stat	te, & zip)								
CAMPAIGN GI	ENERAL		-	Level Regis	tere	d (Specify)			
PO BOX 2057 BEAUFORT, N	C 20516			Federal		County:			
BEAUTOKI, N	C 28310		[State		☐ Municip	ality:	e. Dectio	n Sum to Date
		41						\$	12,956.00
f. Account Code	g. Form of Payme	nt h. Purpose Co	de i. Date (1	mm/dd/yyyy)	i. A	Lm ount	k. Re	quired Re	marks
1	Check	A		08/2014	\$	7,500.00		ADVERT	***************************************
		_			\$		<u> </u>		
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5. Total only this			24 Kodini			33.000		\$	14,956.00
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7. Purpose Co	des (List detail	ed expenditure co	ode in (h.) ab	ove)					
A* - Media E - Salaries I - Postage O* Other	B* - Prin F* - Equip J - Penal detailed explana	ting oment ties	C* - Fu G - Polit K* - Off	ndraising ical Party fice Expense	es	H* - H	olding	S 14 4 4 4 1	idate Office Expenses al Expense Fund

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IJ	118	n	ш	rs	em	е	าธร	

				Amendment				
Pg	2_	of	8		Yes	X	No	

1. Committee Fu	ll Name (and Fund	d if applicable)						2. ID Nu	
CITIZENS TO	ELECT CHIP HU	GHES						CRA	-2CD2NC-C-001
3. Type of Disbu	rsement (Please	e use separate CRO	0-1310	forms for each	h tyi	ne of Disbu	rseme.	nt.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Operating Exp		ntributions to Candida							Expenditures
4. Payee Informa				Add		move			100
	iling Address & P	hone		b. Coordinate			ıme	d. Comr	nents
(include city, stat									
RUFUS CARTE									
112 ELLEN CO				c. Level Regis	tere				
HAVELOCK, N	C 28532		8	Federal		County:		o Micati	on Cum to Data
				State		☐ Municip	anty:	e. Electi	on Sum to Date
								\$	200.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Dat	e (mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
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4 Payres Inform	•	1		Add \square		move	(
4. Payee Informa	iling Address & P	hone		b. Coordinate	97.00000000	*****	ıme	d. Com	nents
(include city, stat		попе		D. Coolullate	<u> </u>		3.2	3. COM	
	LICO CHRISTIA	N COALITION		1					
PO BOX 15393	LICO CINGBIIA	I, COMMITTOR		c. Level Regis	tere	d (Specify)			
NEW BERN, N	C 28561			☐ Federal		County:			
Í				☐ State		☐ Municip	ality:	e. Electi	on Sum to Date
								\$	500.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Dat	e (mm/dd/yyyy)	j. A	mount	k. Re	quired F	emarks
1	Check	0	1	0/06/2014	\$	500.00	SPO	NSORS	HIP -
					\$		BAN	QUET	
4. Payee Informa	tion			Add 🔲	Re	move			14646
	iling Address & P	hone		b. Coordinate	d C	ommittee Na	ame	d. Com	nents
(include city, stat	e, & zip)								
CTV 10				a Tambar		4 (0	1000		
1308 S. GLENB				c. Level Regis	tere	County:		1	
NEW BERN, N	28562			State				e. Electi	on Sum to Date
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								\$	1,000.00
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1	Check	A	0	8/11/2014	\$	1,000.00		NSORS	
	,				\$		FOC	TBALI	,
5. Total only this	Page		1			75.0	L	\$	1,700.00
	CRO-1310 Pages							-	2,700.00
		I Summanı Daza CDC) 1100 :	if Operating Fra	ансас	.)			
		l Summary Page CRC l Summary Page CRC					Comm)	\$	26,693.39
	-	Summary Page CRO							
7. Purpose Co	des (List detaile	d expenditure code	e in (h.)	above)					
A* - Media	B* - Print		**************************************	Fundraising		D - To	Anot	her Can	lidate
E - Salaries	F* - Equip	AND PARK THAT IS NOT THE OWNER, THE PARK THE PAR		olitical Party		H* - H	olding	g Public	Office Expenses
I - Postage	J - Penalt		K* -	Office Expense	s	Q* - D	onati	on to Le	gal Expense Fund
O* Other		_							
* Codes require	detailed explanat	ion in required rei	marks	field (k)	:2 L	e de la companya de l			

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Di	SI	าท	rs	е	m	е	n	TS

				Amendment				
Pg	3_	of	8_		Yes	X	No	

1. Committee Ful	Name (and Fun	d if applicable)					2. ID Nu	
CITIZENS TO E	LECT CHIP HU	JGHES					CRA-	-2CD2NC-C-001
3. Type of Disburs			RO-1310 forms for ea		of Disbu	semei	<u>it.)</u>	
Operating Exper	nses 🔲 Co	ntributions to Cand	lidates/Political Committee	, , , , , , , , , , , , , , , , , , , ,		rdinate	d Party E	xpenditures
4. Payee Informat	ion		☐ Add ☐	Rem				46 7 15
a. Full Name, Mail	ing Address & I	Phone	b. Coordinat	ed Con	nmittee Na	me	d. Comm	ients
(include city, state	, & zip)							
ENC NEWSPAP			c. Level Regi	stored	(Specify)	802753		
PAYMENT PRO	CESSING CEN	TER	Federal		County:			
PO BOX 3003 JACKSONVILLI	E NIC 28541		☐ State	i			e. Dectio	on Sum to Date
JACKSONVILLI	E, NC 20341						\$	1 420 00
								1,439.00
f. Account Code g	. Form of Payme	nt h. Purpose Co	de i. Date (mm/dd/yyyy) j. An	nount	k. Rec	quired R	emarks
1	Check	A	09/23/2014	\$	1,439.00	NEW	SPAPE	R ADS
				\$				
4. Payee Informat	ion	<u> </u>	Add 🗆	Rem	ove			2.37.12
a. Full Name, Mail		Phone	b. Coordinat			ame	d. Comn	nents
(include city, state		none				2 2	1 1 1 1 1 1	
GRAND RENTA								
6195 US HWY 2			c. Level Reg	stered				
WASHINGTON,			☐ Federal		County:			
			☐ State		Municip	ality:	e. Becti	on Sum to Date
							\$	117.42
f. Account Code g	Form of Payme	nt h. Purnose Co	de i. Date (mm/dd/yyy	ı) i Ar	nount	k. Re	quired R	emarks
1	Check	F	10/10/2014	\$	117.42	-		R EVENT
	Clicck	1	10/10/2014	_	117.12	CIII		
				\$				
4. Payee Informat	Account of the contract of the		☐ Add ☐	Ren	300000000000000000000000000000000000000			
a. Full Name, Mail		Phone	b. Coordina	ed Cor	nmittee Na	ame	d. Comn	nents
(include city, state	, & zip)							
GRAPHICS SHA	CK		c. Level Reg	istered	(Specify)	200 - 1 C		
981 HWY 70 E	20562		Federal	Istered	County	10100° . 60		
NEW BERN, NC (252) 636-3600	28302		☐ State	i	Municip	ality:	e. Electi	on Sum to Date
(232) 030-3000							\$	626.01
E)				_				
f. Account Code g	. Form of Payme	nt h. Purpose Co	ode i. Date (mm/dd/yyy				quired R	N 10 STORY 1
1	Check	В	09/02/2014	\$	456.88	INV	TATIO	NS
1	Check	В	09/23/2014	\$	169.13	INV	TATIO	NS
5. Total only this	Page						\$	2,182.43
6. Total of ALL C		DEMONST 1						
		Security of the second security of the second secon	CRO-1100 if Operating Ex	penses)			4	26 602 20
			CRO-1100 if Contrib to Ca		s/Political C	Comm)	\$	26,693.39
			CRO-1100 if Coordinated I					
7. Purpose Cod	des (List detail	ed expenditure co	ode in (h.) above)					2. 建加加
A* - Media	B* - Prin		C* - Fundraising		D - To	Anot	her Cano	lidate
E - Salaries	F* - Equi	The second secon	G - Political Party		H* - H	olding	Public	Office Expenses
I - Postage	J - Pena		K* - Office Expens	es	Q* - D	onatio	on to Leg	gal Expense Fund
O* Other						alin sin vakulu		
* Codes require	detailed explana	tion in required	remarks field(k)				3.3 X X 2.38	A SECTION ASSET

Disbursements	P	σ 4
Disbuiscinches	, .	g 7

				Amendment				
Pg	4	of	8		Yes	X	No	

1. Committee Fu	all Name (and Fund i	f applicable)						2. ID Nu	
CITIZENS TO	ELECT CHIP HUG	HES						CRA-	2CD2NC-C-001
3 Type of Dieby	rsement (Please	use separate CRC	0-1310	forms for each	h tvn	e of Dishu	rseme	nt.)	
Operating Exp		ributions to Candidat							xpenditures
4. Payee Inform				Add 🔲	Ren	nove			100
	ailing Address & Ph	one		b. Coordinate			me	d. Comm	ents
(include city, sta									
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PO BOX 21	10.00500			c. Level Regis		County:			
HAVELOCK, N	NC 28532			State				e. Electio	n Sum to Date
						-		S	350.00
			12.	No. 1 Control of the		Y 900 0 10	1		
	g. Form of Payment							quired Re	
1	Check						VETERANS		
1	Check								OTH-CHILI
							FES	IIVAL	
4. Payee Inform						nove		la C	onto
The same of the sa	ailing Address & Pho	one		b. Coordinate	a Co	mmittee Na	ıme	d. Comm	ents
(include city, sta FRED HUGHE				-					
1037 COLLETO				c. Level Regis	tered	(Specify)			
TRENT WOODS, NC 28562									
				☐ State		☐ Municip	ality:	e. Electio	n Sum to Date
								\$	165.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1	Check	0		0/06/2014	\$	165.41	REII	MBURSE	EMENT-PARA
					\$		DE (CANDY,	LUMBER
4. Payee Inform	ation	L		Add 🗆	L	nove			
	ation ailing Address & Pho	one	L	b. Coordinate	20000000000		ıme	d. Comm	ents
(include city, sta					<u> </u>				
SCOTT E JOHN				1]	
1012 COLLETO				c. Level Regis					
TRENT WOOD	OS, NC 28562			Federal State		☐ County: ☐ Municip		e Fleatio	on Sum to Date
				J. State		iviuiicip	unty.		
							6	\$	531.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	emarks
1	Check	В	1	0/10/2014	\$	531.93	CAN	MPAIGN	SIGNS
			a		\$				
5. Total only this	s Page	l .	L				L	\$	1,047.34
	CRO-1310 Pages				<u> </u>	1000		*	2,017.51
	n line 13a of Detailed S	Summary Page CRO	-1100 is	f Onerating Expe	nses)	V-12			06 600 00
(This line goes in	n line 13b of Detailed S n line 13c of Detailed S n line 13c of Detailed S	Summary Page CRO	-1100 ij	Contrib to Cana	lidate		omm)	\$	26,693.39
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)			(;*·;)		
A* - Media	B* - Printin		(A)	undraising		D - To	Anot	her Cand	idate
E - Salaries	F* - Equipm	Y		litical Party				50 147 5110	Office Expenses
I - Postage	J - Penaltie	S	K* - (Office Expense	S	Q* - D	onati	on to Leg	al Expense Fund
O* Other	a dotailad avalanatia	n in ramited the	norles 4	Sold (Iz)					
Cours require	e detailed explanatio	n in requirearen	uai KS I	ucia (K)	2000		44.		

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Dis	hiii	rse	me	nts

				Amendment				
Pg	5_	of	8	☐ Yes	X No			

1. Committee Fu	ll Name (and Fund	if applicable)						2. ID Nu	mber
CITIZENS TO	ELECT CHIP HU	GHES						CRA-	2CD2NC-C-00
3. Type of Disbu	rsement (Please	use separate Cl	RO-1310 ₁	forms for eacl	i type	of Disbur	seme	<u>nt.)</u>	125/42/40
X Operating Exp		ributions to Candid	dates/Politic	cal Committees		Coo	rdinate	ed Party E	kpenditures
4. Payee Informa	ation			Add 🗖	Rem	ove			
a. Full Name, Ma	iling Address & Ph	ione		b. Coordinate	d Con	nmittee Na	me	d. Comm	ents
(include city, sta	te, & zip)		1. 1.						
KITE'S RED &	WHITE SUPER M	IARKET	1		euroca se	(C			
7928 MAIN ST			- 1	c. Level Regist		County:			
VANCEBORO,	NC 28586			State	i	Municipal	ality:	e. Electio	n Sum to Date
			ŀ						
								\$	535.82
f. Account Code	g. Form of Payment	h. Purpose Cod	le i. Date	(mm/dd/yyyy)				quired Re	
1	Check	0	09	/19/2014	\$	535.82	PIGS	S - CHES	TNUTT
					\$		EVE	NT	
4. Payee Informa	ation			Add 🔲	Rem	ove			
	iling Address & Pl	one		b. Coordinate		Control of the Contro	me	d. Comm	ents
(include city, sta									151.72.37
	OF THOMAS A K	ELLIS							
2129 S GLENB			[c. Level Regis					
SUITE 14				☐ Federal	ļ	County:		TR	
NEW BERN, N	C 28562		-	☐ State		Municip	ality:	е. неспо	n Sum to Date
								\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Cod	le i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Re	marks
1	Check	СО		/16/2014	\$	300.00	WAI	T STAF	F-CHESTNUT
			+		\$		EVE	NI	
4. Payee Informa			40 100 100	Add 🗆	Rem				
	iling Address & Pl	ione		b. Coordinate	d Cor	nmittee Na	me	d. Comm	ents
(include city, sta									
PO BOX 818	B OF NEW BERN		-	c. Level Regis	tered	(Specify)			
NEW BERN, N	C 28563			Federal		County:			
112 11 2214 1, 11	. 20005			☐ State		☐ Municip	ality:	e. Bectio	on Sum to Date
								\$	320.00
		I. s. G			1	www.gomerc	l. D.	7	
	g. Form of Payment			(mm/dd/yyyy)				quired R	
1	Check	0	10	0/03/2014	\$	320.00	MUI	MFEST I	BANNERS
					\$				
5. Total only this	s Page					4.466		\$	1,155.82
	CRO-1310 Pages					0.0			
(C)	n line 13a of Detailed	Summary Page Cl	RO-1100 if	Operating Expe	nses)			•	26 602 20
	n line 13b of Detailed		-			s/Political C	omm)	\$	26,693.39
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7. Purpose Co	des (List detailed	l expenditure co	de in (h.) a	ibove)					
A* - Media	B* - Printi		The state of the s	undraising		D - To	Anot	her Cand	idate
E - Salaries	F* - Equip	nent	G-Po	litical Party				10 C	Office Expenses
I - Postage	J - Penalti	es ·	K* - 0	ffice Expense	S	Q* - D	onatio	on to Leg	al Expense Fund
O* Other		•		11/1					
* Codes require	e detailed explanati	on in required r	emarks fi	eld (K)					

					Amendm	ent
Disbursements	Pg	6_	of	8	☐ Yes	No No

1. Committee Fu	ll Name (and Fund	lif applicable)				2. ID Nu	
CITIZENS TO	ELECT CHIP HU	GHES				CRA	-2CD2NC-C-001
3. Type of Disbu	rsement (Please	use separate Ch	RO-1310 forms for eac	h type of Disb	urseme	nt.)	
Operating Exp		tributions to Candio	lates/Political Committees	s 🔲 C	oordinat	ed Party I	Expenditures
4. Payee Informa	tion		☐ Add ☐	Remove			100000000000000000000000000000000000000
	iling Address & P	none	b. Coordinate	d Committee	Name	d. Com	nents
(include city, stat							
SUN JOURNAL	,						
3200 WELLON	SBLVD			stered (Specify			
NEW BERN, NO	C 28562		Federal	Count	-	- T34:	C t- D-t-
			☐ State	Munic	ipality:	e. Electi	on Sum to Date
						\$	1,305.00
f. Account Code	g. Form of Paymen	h. Purpose Cod	e i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired R	lemarks
1	Check	A	10/16/2014	\$ 1,305.00	NEW	/SPAPE	CR.
				\$	ADV	ERTISI	NG
4 D 7 C	•	<u> </u>					
4. Payee Informa			Add _	Remove ed Committee	Name	d. Comr	nente
	iling Address & P	ione	b. Coordinate	d Committee	Name	u. Comi	пень
(include city, stat							
SWISS BEAR /			c. Level Regis	stered (Specify)		
316 SOUTH FRONT STREET NEW BERN, NC 28560 C. Level Registered (Specify) Federal County:							
DEIGH, IN	20300		☐ State	☐ Munio	cipality:	e. Decti	on Sum to Date
						\$	235.00
f. Account Code	g. Form of Paymen	h. Purpose Cod	e i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired R	lemarks
1	Check	0	08/13/2014	\$ 235.00	MUN	MFEST	воотн
	*			\$			
4. Payee Informa	tion	Market and the	☐ Add ☐	Remove			2.303.0000
The second secon	ling Address & Pl	none		d Committee	Name	d. Comr	nents
(include city, stat		ione					37,002.00,000.00
	ONARY BAPTIS	T CHURCH	SOUTH A STATE OF THE STATE OF T				
PO BOX 12811	OTTIBLE DIN TIO		c. Level Regis	stered (Specify)		
NEW BERN, NO	28561-2811		☐ Federal	Coun	y:		
,			☐ State	☐ Muni	cipality:	e. Decti	on Sum to Date
ж.		·				\$	200.00
f. Account Code [g. Form of Paymen	h. Purpose Cod	e i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired R	lemarks
1	Check	0	10/01/2014	\$ 200.00	PRO	GRAM	ADS
	-			\$			
5. Total only this	Daga]*		\$	1,740.00
			AND CONTRACTOR OF THE PARTY OF	279		Φ	1,740.00
6. Total of ALL ((This line goes in		Summary Page CR	O-1100 if Operating Exp	enses)		\$	26,693.39
	•		O-1100 if Contrib to Can O-1100 if Coordinated Po			Ψ	20,073.37
	des (List detaile						网络沙狗
A* - Media	B* - Printi	2 No. 40 A. T. N. 4 NO. 10 NO.	C* - Fundraising	D - T	o Anot	her Cano	lidate
E - Salaries	F* - Equip		G - Political Party				Office Expenses
I - Postage	J - Penalti		K* - Office Expense				gal Expense Fund
O* Other					MARIO CONTRACTOR CONTR		
* Codes require	detailed explanati	on in required re	emarks field(k)				7759 A. C.

Disbursements

				Amendm	ent
Pg	7	of	8	☐ Yes	X No

1. Committee Ful	I Name (and Fun ELECT CHIP HU	d if applicable)			•			2. ID Nu CRA-	mber 2CD2NC-C-001
3. Type of Disbur		e use separate CR							
Operating Expension	enses	ntributions to Candida	ates/Polit	cal Committee:	S	Coo	rdinate	ed Party E	xpenditures
4. Payee Informa	tion			Add 🔲	Rem	ACTIVITY OF THE SECTION OF THE SECTI			490.00
a. Full Name, Mai	ling Address & F	hone		b. Coordinate	ed Cor	nmittee Na	m e	d. Comm	ents
(include city, stat									
AARON WALL 1452 STREETS VANCEBORO,	FERRY ROAD			c. Level Regineral State		(Specify) County: Municip	ality:		on Sum to Date
						ANNUAL TO SOURCE		\$	400.00
f. Account Code								quired Re	emarks
1	Check	В	08	3/20/2014	\$	400.00	BUM		TCNIACIL
					\$		5110	KERS.S	IGNAGE
4. Payee Informa	fion			Add \square	Ren	ove			
a. Full Name, Mai		Phone		b. Coordinate	**************************************	AND THE STREET, STREET	me	d. Comm	ents
(include city, stat									
MALIA M ZAY 2610 OLDGATE 304 RALEIGH, NC	EDR			c. Level Regi Federal State	stered	County:		e. Eectic	on Sum to Date
KALEIOII, NC	27004							e e	2.761.00
								\$	3,761.80
f. Account Code g	g. Form of Paymer	nt h. Purpose Code	e i. Date	(mm/dd/yyyy) j. Ar	nount	k. Re	quired R	emarks
1	Check	О	0	7/09/2014	\$.	250.00	FUN	DRAISI	NG SVCS
1	Check	0	0:	3/01/2014	\$	250.00	FUN	DRAISI	NG SVCS
4. Payee Informa	tion			Add 🔲	Ren	nove			
a. Full Name, Mai	ling Address & I	Phone		b. Coordinat	ed Co	mmittee Na	ıme	d. Comn	nents
(include city, stat	e, & zip)								
MALIA M ZAY 2610 OLDGATE 304				c. Level Registered (Specify) Federal County:					
RALEIGH, NC	27604			☐ State		☐ Municip	ality:	e. Decti	on Sum to Date
								\$	3,761.80
f. Account Code	g. Form of Paymer	nt h. Purpose Code	e i. Date	(mm/dd/yyyy) j. Aı	mount	k. Re	quired R	emarks
1	Check	0	0	8/20/2014	\$	515.00	FUN	DRAISI	NG SERVICES
1	Check	IO	0	8/29/2014	\$	300.50	WIN	E FOR I	EVENT
5. Total only this	Page					1. 14.34		\$	1,715.50
6. Total of ALL ((This line goes in (This line goes in	CRO-1310 Pages line 13a of Detaile line 13b of Detaile	d Summary Page CR d Summary Page CR d Summary Page CR	O-1100 ij	Contrib to Car	ididate		Comm)	\$	26,693.39
7. Purpose Co	des (List detaile	ed expenditure cod	le in (h.)	above)					企業別 意
A* - Media E - Salaries I - Postage O* Other	B* - Prin F* - Equip J - Penal	ting oment	C* - F G - Po K* - O	undraising litical Party Office Expens	es	Н* - Н	olding		idate Office Expenses al Expense Fund

	report expenditure coordinated party	res from the committee expenditures	ee for operating expe	nses	, contribution	ons to	candida	te/pol	itical
		nd if applicable)				1	2. ID Nu	mber	10.750
	ELECT CHIP H								2NC-C-001
3. Type of Disbu	rsement (Plea	se use separate CRO	0-1310 forms for eac	ch typ	e of Disbu	rseme	nt.)		
N Operating Exp			tes/Political Committee		10 MA . M. Tales		ed Party E	xpendi	itures
4. Payee Informa		35 The State of th	□ Add □	Rei	move				
	ailing Address &	Phone	b. Coordinate	****	The second secon	ame	d. Comm	ents	
(include city, sta									
MALIA M ZAY									
2610 OLDGAT			c. Level Regi	stere			1		
304			Federal		County:				
RALEIGH, NC	27604		☐ State		☐ Municip	ality:	e. Electio	on Sun	n to Date
	ρ		,				\$		3,761.80
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date (mm/dd/yyyy) j. A			quired Re		
1	Check	С	09/19/2014	\$	208.59	FLO	WERS, I	BART	ENDER
1	Check	0	09/19/2014	\$	1,812.50	Mo	NTHLY I	RETA	INER /
				-		CON	MISSIC	N	
4. Payee Informa	ation		☐ Add ☐	Re	move				
a. Full Name, Ma	iling Address &	Phone	b. Coordinat	ed Co	ommittee N	ame	d. Comm	1ents	
(include city, sta	te, & zip)								
MALIA M ZAY	TOUN					- 6.0.00			
2610 OLDGAT	E DR		c. Level Regi	stere	County:		1		
304	25.04		State		Municip		e. Electio	on Sur	n to Date
RALEIGH, NC	27604			-		Juney.			
							\$		3,761.80
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date (mm/dd/yyyy) j. A	.mount	k. Re	quired R	emark	S
1	Check	СО	10/10/2014	\$	175.21	FUN	IDRAISI	NG	
				\$		SVC	S/EXPE	NSES	
5. Total only this	n Daga			١٣			\$		2,196.30
7	**************************************	100		A)		139403	Ψ		2,170.50
	CRO-1310 Pages		1100:00			*****			
			-1100 if Operating Exp			· · · · · · · · · · · · · · · · · · ·	\$		26,693.39
			-1100 if Contrib to Can -1100 if Coordinated P				,		
		ed expenditure code		,	•				2.6 建铁锰
A* - Media	B* - Prin	ting	C* - Fundraising		D - To	Anot	her Cand	idate	
E - Salaries	F* - Equi	pment	G - Political Party						Expenses
I - Postage	J - Pena	lties	K* - Office Expens	es	Q* - D	onati	on to Leg	al Exp	ense Fund
O* Other						7.77.24.7			
The same of the sa	e detailed explana	tion in required ren			***	(37/5).		D-	aamba- 2000
CRO-1310		NC S	State Board of Elections	•				De	cember 2009

Disbursements

Amendment

X No

Pg <u>8</u> of <u>8</u> <u>Yes</u>

Aggregated Non-Media Expenditures	Aggregated	Non-Media	Expenditures
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Amendment
☐ Yes 🏻 No

Optional fo	rm used to repo	ort NC Non-Media	Expenditures of	of \$50 or less.				
1. Committe	e Full Name (and	l Fund if applicable)		1846	2. ID N	umber	10 mm	
CITIZENS TO ELECT CHIP HUGHES						CRA-	2CD2NC-C-001	
3. Payee Info						Alegea	A. A	
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amou	ınt	g. Required Remarks	
☐ Add ☐ Remove	3	Draft	0	09/13/2014	\$	4.20	ONLINE DONATION FEE - BURELLE	
☐ Add ☐ Remove	3	Draft	0	09/17/2014	\$	19.80	ONLINE DONATION FEE - WHITLEY	
Add Remove	3	Draft	0	09/18/2014	\$	6.15	ONLINE DONATION FEE - CAPSHAW	
Add Remove	3	Draft	О	09/26/2014	\$	4.20	ONLINE DONATION FEE - MCCONNELL	
Add Remove	3	Draft	О	09/29/2014	\$	10.05	ONLINE DONATION FEE - WILLIAMS	
☐ Add ☐ Remove	3	Draft	0	10/05/2014	\$	10.05	ONLINE DONATION FEE - HANCHETTE	
Add Remove	3	Draft	Ο '	10/11/2014	\$	4.20	ONLINE DONATION FEE-REFINSKI	
Add Remove	3	Draft	0	10/16/2014	\$	4.20	ONLINE DONATION FEE-MCMULLIN	
4. Total or	nly this Page				\$		62.85	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) 62.85								
6. Purpose Codes (List detailed expenditure code in (d) above)								
		- Printing	C* - Fundi		To Ano			
E - Salar		- Equipment	G - Political				lic Office Expenses	
I - Posta		Penalties	K* - Office	Expenses Q*	- Dona	tions to	Legal Expense Fund	
O* - Otl	***************************************							
* Codes	require detai	led explanation i	n required rei	marks field (g)			Dagambar 2000	

CRO-1315

NC State Board of Elections

December 2009